

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1		①					51								
2		②					52								
3		③					53								
4		④					54								
5		⑤					55								
6		⑥					56								
7		⑦					57								
8		⑧					58								
9		⑨					59								
10		⑩					60								
11		⑪					61								
12		⑫					62								
13		⑬					63								
14		⑭					64								
15		⑮					65								
16		⑯					66								
17		⑰					67								
18		⑱					68								
19		⑲					69								
20		⑳					70								
21		㉑					71								
22		㉒					72								
23		㉓					73								
24		㉔					74								
25		㉕					75								
26		㉖					76								
27		㉗					77								
28		㉘					78								
29		㉙					79								
30		㉚					80								
31		㉛					81								
32		㉜					82								
33		㉝					83								
34		㉞					84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								